Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SIENNA MEADOWS MINERAL POINT (0008694)

Address: 210 COPPER ST, MINERAL POINT, WI 53565

License Status: REGULAR

Licensed/Certified/Registered 01/31/2000

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History	Survey	History
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Survey ID: 0095978 End Date: 11/28/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008304 Served 12/02/2005

Deficiencies Cited Subject Area Subject Area Corrected

83.33(2)(a) SUPERVISION

Survey ID: 0094486 End Date: 03/25/2005 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008149 Served 04/06/2005

Compliance

Verified **Deficiencies Cited** Subject Area Corrected 83.21(4)(p) PROMPT AND ADEQUATE TREATMENT 11/22/2005 Yes 83.21(4)(t) **INCOMPETENCY** 11/22/2005 Yes 83.42(12) MAINTENANCE OF EXITS 11/22/2005 Yes

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P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090492 End Date: 06/05/2003 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007789 Served 06/20/2003

Deficiencies Cited	Subject Area	Verified	Corrected
83.12(5)(b)2	CONTINUAL ACCEESS TO ASSESSMENT & ISP	03/25/2005	Yes
83.32(2)(a)5	HARMFUL BEHAVIOR PATTERNS	03/25/2005	Yes

Compliance

Provider Inspection Summary

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/30/2005 SOD #10008304 Appealed: Yes Decision: STIPULATION

<u>Sanctions</u>

FORFEITURE---83.33(2)(a)

Date: 04/05/2005 SOD #10008149 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p) FORFEITURE---83.21(4)(t)

Date: 06/19/2003 SOD #10007789 Appealed: Yes Decision: WITHDRAWN APPEAL (NO STIPULATIO

Sanctions

OTHER SANCTION

FORFEITURE---83.12(5)(b)2 & 83.32(5)

FORFEITURE---83.32(5)(a)5

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Complaint History

Date Complaint Received: 07/13/2005 Date Investigation Completed: 11/28/2005

Subject Area(s)ResultSOD #RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED10008304SUPERVISIONSUBSTANTIATED10008304RESIDENT BEHAVIOR/FACILITY PRACTICESUBSTANTIATED10008304

STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED